STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155758	A. BUILDING 02 B. WING _____	R 10/15/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASBURY TOWERS RETIREMENT COMMUNITY	102 W POPLAR ST GREENCASTLE, IN 46135

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS	{K 000}		

A Post Survey Revisit (PSR) to the Quality Assurance Walk-thru Survey conducted on 07/20/12 was conducted by the Indiana State Department of Health.

Survey Date: 10/15/12

Facility Number: 001120
Provider Number: 155758
AIM Number: 200525120

Surveyor: Joe L. Brown Jr., Life Safety Code Specialist

At this PSR survey, Asbury Towers Retirement Community was found in compliance with 410 IAC 16.2-3.1-19(ff).

The facility located on the first and ground floors of a four story building was surveyed as one building since the construction dates of the original building and an addition were prior to March 1, 2003. The facility was determined to be of Type II (222) construction and fully sprinkled. The first floor and ground floor south wing west of the fire doors were sprinklered. The facility identifies the ground floor as HCC Comprehensive Care Unit II.

The facility has a fire alarm system with hard wired smoke detection in the corridors, and spaces open to the corridors. All 34 resident rooms have battery powered smoke detectors. The facility has the capacity for 48 and had a census of 48 at the time of the survey.

The facility was found in compliance with state

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1 law in regard to sprinkler coverage and smoke detector coverage. All areas where residents have customary access were sprinkled. All areas providing facility services were sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/18/12.	{K 000}		